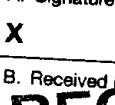
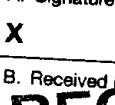
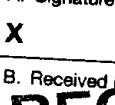


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MICHAEL W. DOBBINS  
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<b>SEN</b> (Service Label)													
<b>COMPLETE THIS SECTION FOR DELIVERY</b> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>													
1. Article Addressed to: <p>Chief of Criminal Appeals Attorney General's Office 100 W. Randolph - 12th fl Chgo, IL 60601</p>													
<b>RECEIVED</b> <b>CHECK IF NO ACTION ON DELIVERY</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           A. Signature    </td> <td style="width: 50%;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </td> </tr> <tr> <td colspan="2">           B. Received by (Printed Name) <b>APR 10 2008</b> C. Date of Delivery         </td> </tr> <tr> <td colspan="2">           D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <b>APR 10 2008</b> <input type="checkbox"/> No         </td> </tr> <tr> <td colspan="2">           Office Of The Attorney General Office Services         </td> </tr> <tr> <td colspan="2">           3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.         </td> </tr> <tr> <td colspan="2">           4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes         </td> </tr> </table>		A. Signature  	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) <b>APR 10 2008</b> C. Date of Delivery		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <b>APR 10 2008</b> <input type="checkbox"/> No		Office Of The Attorney General Office Services		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes													
2. Article Number (Transfer from) <b>7002 0510 0000 6469 3582</b>													
PS Form 3811, August 2001 Domestic Return Receipt <b>08-50056</b>													
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